|  |  |  |
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|  |  | St. Joseph’s Preschool  Bristol Road  BS20 6QB  Tel: 01275 848367  Email: [office@st-josephs.org.uk](mailto:office@st-josephs.org.uk) / [preschool@staff.st-josephs.org.uk](mailto:preschool@staff.st-josephs.org.uk) |

**St. Joseph’s School Registration Form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Details** | | | | | | | | | | | | | | | | | | |
| Child’s legal first name(s) | | | | |  | | | | | | Legal surname | | | | | | |  |
| Child’s preferred name (s) | | | | |  | | | | | | | | | | | | | |
| Child’s full address | | | | |  | | | | | | | | | | | | | |
| Gender | | | | |  | | | | | | Date of Birth | | | | | | |  |
| **Family details** | | | | | | | | | | | | | | | | | | |
| Name of parent(s)/carer(s) with whom the child lives: | | | | | | | | | | |  | | | | | | | |
| **Contact 1 – Parent/Carer’s full name** | | | | | | | |  | | | | | | | | | | |
| Relationship to child: | | | | | | | | |  | | | | | | | | | |
| Home Telephone: | | |  | | | | | | | | Mobile Telephone: | | | | | |  | |
| Email Address: | |  | | | | | | | | | Work Telephone: | | | | |  | | |
| Home Address: | |  | | | | | | | | | | | | | | | | |
| Work Address: | |  | | | | | | | | | | | | | | | | |
| Does this parent/carer have parental responsiobility? | | | | | | | | | | | 🞏Yes 🞏No (*Tick one)* | | | | | | | |
| Does this parent/carer have legal access to the child? | | | | | | | | | | | 🞏Yes 🞏No (*Tick one* | | | | | | | |
| **Contact 2 – Parent/Carer’s full name** | | | | | | | |  | | | | | | | | | | |
| Relationship to child: | | | | | | | | |  | | | | | | | | | |
| Home Telephone: | | |  | | | | | | | | Mobile Telephone: | | | | | |  | |
| Email Address: | |  | | | | | | | | | Work Telephone: | | | | |  | | |
| Home Address: | |  | | | | | | | | | | | | | | | | |
| Work Address: | |  | | | | | | | | | | | | | | | | |
| Does this parent/carer have parental responsiobility? | | | | | | | | | | | 🞏Yes 🞏No (*Tick one)* | | | | | | | |
| Does this parent/carer have legal access to the child? | | | | | | | | | | | 🞏Yes 🞏No (*Tick one* | | | | | | | |
| Other person(s) with legal contact - To be completed where those persons with parental responsibility are separated and an S8 Order is in place | | | | | | | | | | | | | | | | | | |
| **Legal Contact – Adult’s full name:** | | | | | | | |  | | | | | | | | | | |
| Relationship to child/role: | | | | | | | | |  | | | | | | | | | |
| Home Telephone: | | |  | | | | | | | | Mobile Telephone: | | | | | |  | |
| Email Address: | |  | | | | | | | | | Work Telephone: | | | | |  | | |
| Address: | |  | | | | | | | | | | | | | | | | |
| Contact arrangements (if applicable): | | | | | | |  | | | | | | | | | | | |
| Court order in place: | | | | 🞏Yes 🞏No (*Tick one)* | | | | | | | | *If ‘Yes’ please include copies of relevant paperwork* | | | | | | |
| **Additional Contacts - (if parents are not available) – Adults authorised to collect child** | | | | | | | | | | | | | | | | | | |
| Name of parent(s)/carer(s) with whom the child lives: | | | | | | | | | | |  | | | | | | | |
| **Additional Contact 1 –Full name** | | | | | |  | | | | | | | | | | | | |
| Relationship to child: | | | | | | | | |  | | | | | | | | | |
| Home Telephone: | | |  | | | | | | | | Mobile Telephone: | | | | | |  | |
| Email Address: | |  | | | | | | | | | Work Telephone: | | | | |  | | |
| Home Address: | |  | | | | | | | | | | | | | | | | |
| Work Address: | |  | | | | | | | | | | | | | | | | |
| **Additional Contact 2 –Full name** | | | | | | | |  | | | | | | | | | | |
| Relationship to child: | | | | | | | | |  | | | | | | | | | |
| Home Telephone: | | |  | | | | | | | | Mobile Telephone: | | | | | |  | |
| Email Address: | |  | | | | | | | | | Work Telephone: | | | | |  | | |
| Home Address: | |  | | | | | | | | | | | | | | | | |
| Work Address: | |  | | | | | | | | | | | | | | | | |
| **Family Links** | | | | | | | | | | | | | | | | | | |
| Does the child have siblings? | | | | | | | | | | | | 🞏Yes 🞏No (*Tick one)* | | | | | | |
| If ‘Yes’ please give details: | | | | | |  | | | | | | | | | | | | |
| Name: |  | | | | | | | | | School: | | | |  | | | | |
| Name: |  | | | | | | | | | School: | | | |  | | | | |
| Name: |  | | | | | | | | | School: | | | |  | | | | |
| **School History** | | | | | | | | | | | | | | | | | | |
| Has the child ever attended another preschool or school? | | | | | | | | | | | | 🞏Yes 🞏No (*Tick one)* | | | | | | |
| If ‘Yes’ please give details: | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Religion, Ethnicity and Culture** | | | | | | | | | | | | | | | | | | |
| What is your family’s religion or faith? | | | | | | | | | | | | | | |  | | | |
| How would you describe your child's ethnicity or cultural background? | | | | | | | | | | | | | | |  | | | |
| What is the first language for your family? | | | | | | | | | | | | | | |  | | | |
| If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? | | | | | | | | | | | | | | | 🞏Yes 🞏No (*Tick one)* | | | |
| **Special Educational Needs** | | | | | | | | | | | | | | | | | | |
| Does your child have any SEND needs we need to be aware of? | | | | | | | | | | | | | 🞏Yes 🞏No (*Tick one)* | | | | | |
| If ‘Yes’ please give details: | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Does your child have an EHCP? | | | | | | | | | | | | 🞏Yes 🞏No (*Tick one)* | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Medical Information** | | | | | | | |
| Does your child have any medical conditions we need to be aware of? Please include asthma and allergies. | | | | | | | 🞏Yes 🞏No (*Tick one)* |
| If ‘Yes’ please give details: | | | |  | | | |
|  | | | | | | | |
| Does your child have a care plan we need to be aware of? | | | | | | | 🞏Yes 🞏No (*Tick one)* |
| If ‘Yes’ please give details: | | | |  | | | |
|  | | | | | | | |
| **Professional Involvement** | | | | | | | |
| NHS Number: |  | | | | | | |
| **General Practitioner (GP) or Practice:** | | | | | |  | |
| Practice Address: | |  | | | | | |
| Practice Telephone: | |  | | | | | |
| **Social Worker (If applicable):** | | | | |  | | |
| Address: | |  | | | | | |
| Telephone: | |  | | | | | |
| **Other Professional:** | | |  | | | | |
| Name: | |  | | | | | |
| Address: | |  | | | | | |
| Telephone: | |  | | | | | |
| **Other Professional:** | | |  | | | | |
| Name: | |  | | | | | |
| Address: | |  | | | | | |
| Telephone: | |  | | | | | |

*If your child has any relevant paperwork, please attach a copy:*

* *Education, Health and Care Plan (EHCP)*
* *Care Plans (Health)*
* *Court orders*

|  |  |
| --- | --- |
| **General Parental Permissions** | |
| Please read the following information regarding trips, photographs, videos, acceptable use of iPads and computers and the use of mobile phones. Please tick each box to give permission, or cross if you do not give consent.  **Please do not leave any boxes empty.**  If you need clarification of any of these consents, please contact Mr Bath or the school office. | |
| **Emergency treatment declaration** In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the authorised staff for emergency treatment and that health professionals are responsible for any decisions or medical treatment in my absence. |  |
| I give permission for my child to participate in local trips and where necessary travel by insured coaches with seatbelts (Local includes Bristol, Weston and North Somerset). |  |
| I am happy for my child to take part in an activity where the taking of digital images and videos will take place by teachers or parents, these photos/videos will be for school use only or for distribution to children and parents using the google classroom (password protected intranet) platform. |  |
| I am happy for my child to be photographed with a view to their image being displayed anonymously on our school website, used in printed materials, advertising for the school or displayed in a part of the school open to the public. |  |
| I am happy for my child to be photographed with a view to their image being used \*anonymously by other local schools (or approved sports/education providers) during sporting events or visits. |  |
| I am happy for my child’s photograph to appear \*anonymously on social media (Instagram/Twitter/Facebook) |  |
| I have read and understood the acceptable user policy for safe internet access. I understand that my child will also be asked to sign up to a responsible user guide and I will discuss this with my child (See School Planner). |  |
| I give permission for my child to have access to the internet and ICT systems in school. I understand that the school will take every reasonable precaution to keep my child safe whilst using these systems (See School Planner). |  |
| If my child brings a mobile phone to school **(Year 5 and 6 only)**, I understand that the phone must be switched off once inside the school premises (playground and buildings) and handed to the class teacher where it will be kept in a secure place until home time. I understand that if these conditions are breached, my child will not be permitted to bring a phone into school. |  |
| **Preschool Only** I give permission for my child to be helped when applying suncream and supported when using the toilet |  |

*This section is for pre-school children only and does not need to be completed for the main school.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Preschool Only** | | | | | | |
| Please clearly tick or cross the following: | | | | | | |
| I am entitled to 15 hours and I understand that I am claiming the maximum of 15 hours per week of free early years entitlement, using only the place that has been allocated to my child at St Joseph’s Pre-School. | | | | | |  |
| I am entitled to 15 hours free early years entitlement. However, I wish to buy additional sessions and agree to pay £20 for additional sessions over my free early year’s entitlement. | | | | | |  |
| I am entitled to 30 hours and I understand that I am claiming the maximum of 30 hours per week of free early year entitlement, using the place that has been allocated to my child at St Joseph’s Pre-School. *Please note that the 30-hour provision will only be verified once the funding claim for your child has been approved online by North Somerset Council.* | | | | | |  |
| I intend to split funding between two or more providers and my child will only ever attend a reduced number of sessions a week. | | | | | |  |
| Name and contact details for other providers if appropriate: | | | | | |  |
|  | | | | | | |
| Days or Sessions Required: *Please circle/delete as appropriate.* Provisional start date: | | | | | | |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | |
| 8.20-11.20 | Funded/Paid | Funded/Paid | Funded/Paid | Funded/Paid | Funded/Paid | |
| Lunch | £5 | £5 | £5 | £5 | £5 | |
| 12.15-3.15 | Funded/Paid | Funded/Paid | Funded/Paid | Funded/Paid | Funded/Paid | |

***Please complete this section for all children (Pre-school and Main School)***

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| **Declaration** | |
| I have completed this form to the best of my knowledge and understand that St Joseph’s School will store and manage my data in line with the school’s data protection policies and UK GDPR. | |
| Signed: |  |
| Name: |  |
| Date: |  |
| Signed: |  |
| Name: |  |
| Date: |  |

*For office use only:*

*🞏 Data entered on MIS (Management Information System)  
🞏 Preschool funding complete (if appropriate)*